

NOTICE OF INDEPENDENT REVIEW DECISION

April 25, 2002

Requestor

Respondent

RE: Injured Worker:
MDR Tracking #: M2-02-0557-01
IRO Certificate #: 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 44 year old left-handed male was injured while working on the railroad in _____. The patient stated that he was struck and thrown to the floor. He returned to work from November 1999 until February 2001. His symptoms then relapsed and he had subjective leg weakness. Evidently a CT scan and myelogram were performed in 1999, the results of which are unknown.

Requested Service(s)

Lumbar Discogram

Decision

It is determined that the lumbar discography is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

After complete evaluation by ____, the patient was felt to have lumbar disc disease with evidence of an L5 radiculopathy on the left side. A MRI was performed at the request of ____ and was interpreted as negative. The patient was referred to ____, a neurosurgeon. At the time of ____ initial evaluation, he reviewed the MRI scan and commented that he disagreed with the reading of the MRI since, in his opinion, as a neurosurgeon of considerable experience, the scan indicated probable internal disc disruption with possible annular tears at the L3-4 and L4-5 levels. He also had a disc bulge at L4-5. This correlates well with the clinical diagnosis of L5 radiculopathy as noted by _____. ____ has requested a lumbar discogram for further evaluation of the patient. ____ has described the lumbar discogram as being able to correlate a patient's pain pattern with radiographic abnormalities. Thus, discography may alter the treatment course of the patient. He notes that this diagnostic test is particularly efficacious when patients have been labeled as having a "normal MRI and CT scan". ____ feels that the MRI is not normal but shows objective signs of internal disc disruption as well as annular tear. In order to support his recommendation for discography, he has included two definitive articles supporting his recommendation. The first article by Thomas A. Zdeblick, M.D., was presented at the North American Spine Society meeting in October 2000. This is considered a definitive review article justifying the use of lumbar discography as an adjunct to the evaluation of lumbar disc disease. In addition, a second article by Joel S. Saal, M.D. and Jeffery A. Saal,

MD. published in the Journal Spine, Vol. 25, No.3, Feb. 2000, discusses the management of chronic discogenic low back pain. The Saal brothers' report on a peer review sanctioned study utilizing intradiscal thermal coagulation as a method of therapy. This therapeutic option has been sanctioned by a position statement from the North American Spine Society, Diagnostic and Therapeutic Committee, published in Spine, 1995, September 15, Vol. 20. This position statement endorsed discography as a valid diagnostic test, which can differentiate the various kinds of discogenic pain and is essential to the therapeutic recommendations of many patients. The patient fits the criteria for intervertebral discography and falls within the guidelines established by the North American Spine Society.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing. A request for hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code '148.3). This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code '102.4(h) or 102.5(d)). A request for hearing, along with a copy of this decision notice, should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, Texas 78704-0012.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

Sincerely,

cc: Injured Worker
David Martinez, Chief Medical Dispute Resolution, Medical Review Division, TWCC

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this _____ day of _____ 2002.

Signature of IRO Employee:

Printed Name of IRO Employee: